

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09702691</i>	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51			
2		/					52			
3							53			
4							54			
5							55			
6							56			
7	/						57			
8		/					58			
9			/				59			
10				/			60			
11	/						61			
12		/					62			
13							63			
14							64			
15							65			
16		/					66			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	19						TOTAL IND.			
TOTAL DEP.	12	↔		↔		↔	TOTAL DEP.			↔
TOTAL CLAIMS	13	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]

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